DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: KINDRED HEARTS PLYMOUTH (0009719)

Address: 112 S RIVER BLVD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096782 End Date: 04/05/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093437 End Date: 09/07/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007029 Served 10/15/2004

#1000 / 025 Belved 1	0/13/2001	Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/05/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/05/2006	Yes
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN	04/05/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/05/2006	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/05/2006	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/05/2006	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/05/2006	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/05/2006	Yes
83.35(1)(g)	CONSULTATION WHEN RESIDENT NOT EATING	04/05/2006	Yes

Survey ID: 0090836 End Date: 08/04/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

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Enforcement History

Date: 10/13/2004 SOD #10007029 Appealed: No

Sanctions

FORFEITURE---83.21(4)(p) FORFEITURE---83.21(4)(w) FORFEITURE---83.32(2)(d)

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Complaint History

Date Complaint Received: 06/22/2004 Date Investigation Completed: 09/07/2004

Subject Area(s)ResultSOD #MEDICATIONSSUBSTANTIATED10/13/04PROGRAM SERVICESSUBSTANTIATED10/13/04

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